

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO. 10170845 FILING DATE _____
APPLICANT(S) _____

CLAIMS					
AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
NO.	WD	DEP	NO.	WD	DEP
1					
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TOTAL WD.					
TOTAL DEP.					
TOTAL CLAIMS					